



August 26, 2020

Danny R Montgomery
4539 Henry Rd
Shelby, OH 44875

Claim No: 2020-0072156
Employer: Richland County

Re: Family and Medical Leave Act (FMLA) Benefits

Dear Danny:

Your Request

On August 25, 2020 Sedgwick, the claims administrator for Richland County, received your request for Continuous leave under the Family and Medical Leave Act due to your own serious health condition.

You notified us that you need the leave on the following dates:

Policy	Absence Type	Benefit Start Date	Benefit End Date
FMLA	Continuous	August 10, 2020	October 11, 2020

Response to Your Request

Based on the information we have received, you are eligible for Family and Medical Leave Act benefits, subject to submission and confirmation of the Certification of Health Care Provider and your leave being designated as FMLA.

What is Required of You by September 14, 2020

Certification of Health Care Provider for Employee's Own Serious Health Condition (FMLA) - Must be completed by your health care provider and returned to Sedgwick by the paperwork due date referenced in this letter. Failure to do so may result in your benefits being denied until complete certification is provided.

Authorization to Release Information - Completion of this form is optional. Should you decide to complete this form, please sign and date this form and return to Sedgwick as soon as possible.



Release to Return to Work Form - Must be completed by your health care provider and returned to Sedgwick at least two days before the end of your absence. Your return to work may be delayed until completed form is provided.

Informational Brochure - For your information; need not be returned.

- Employee Portal Promo Sheet

All completed forms must be returned to Sedgwick and can be sent via our secure toll-free fax number at (888) 436-9535. Once we obtain the information from you as specified above, we will inform you, within 5 business days, whether your leave will be designated as FMLA leave and count towards your FMLA leave entitlement. Thank you for your prompt attention.

We are here to help you throughout your leave and return to work. Please feel free to contact me at our toll free telephone number, (888) 436-9530, Extension 50646 to discuss any questions.

Sincerely,
Andrew Cox
Disability Claim Specialist

Enclosures: Certification of Health Care Provider for Employee's Own Serious Health Condition (FMLA)
Employee Portal Promo Sheet
Authorization to Release Information
Release to Return to Work Form

cc: Richland County Human Resources Department

Your Rights and Responsibilities if You Are Eligible Under FMLA:

You have a right under FMLA for up to 12 workweeks of unpaid leave in a 12-month period for the reasons listed above. Your health benefits must be maintained during any period of unpaid leave under the same conditions as if you continued to work, and you must be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on your return from leave. If you do not return to work following FMLA leave for a reason other than: (1) the continuation, recurrence, or onset of a serious health condition which would entitle you to FMLA leave; or (2) other circumstances beyond your control, you may be required to reimburse your employer for their share of health insurance premiums paid on your behalf during your FMLA leave.

1. If approved, the requested leave will be counted against your FMLA leave entitlement that is calculated on a 12-month Rolling Backward method measured in one minute increments and will run concurrently with other paid benefit programs offered by your employer.
2. You will be required to furnish the Certification of Health Care Provider by the date referenced in this letter, or we may delay the commencement of your leave until the certification is received. If certification is not received, we reserve the right to withdraw this preliminary designation which may result in delay or denial of your leave, and you may be subject to disciplinary action under Richland County's policy.
3. You may be required to substitute available paid time off (such as vacation, sick, personal or holiday time) for unpaid FMLA leave. Once paid time off days have been exhausted, the remaining portion of the leave will be unpaid.
4. While on an approved leave, you are required to pay the employee portion of your health insurance premiums. If payroll deductions for the premium payments cannot be made due to insufficient earnings, contact your employer to discuss payment options. Upon your return to work, any outstanding benefit premium balance will be deducted from your next available pay cycle.

If you fail to make timely premium payments or initiate discussion for payment of benefit premiums, your employer's obligation to continue health coverage ceases. Before cancelling the coverage, your employer will provide written notice that coverage will terminate retroactively to the date the unpaid premium payment was due unless payment is postmarked within 15 days from the date of the notification letter. If coverage is cancelled due to non-payment of premium, extension of coverage under COBRA is not available. You may re-enroll during the next annual enrollment period.

5. Your employer will not pay the employee portion for other benefits (e.g., life insurance, disability insurance, etc.) while you are on FMLA leave.
6. You will be required to present a Release to Return to Work form to Sedgwick at least two business days prior to returning to work. This form is enclosed. Please have your treating provider complete the form and submit it to Sedgwick via our secure toll-free fax number. If this form is not received, your return to work may be delayed until the form is provided.
7. You will be required to furnish medical recertification of your own or your immediate family member's serious health condition if you request leave beyond that specified in the original certification. If such certification is required but not received, your continued FMLA leave may be delayed until certification is provided.
8. If the circumstances of your leave change and you are able to return to work earlier than the date indicated, you will be required to notify us as soon as reasonably possible.

If you need assistance call (888) 436-9530

Spanish (US)

Para solicitar la traducción de este documento en su idioma nativo, comuníquese con Sedgwick al (888) 436-9530

Spanish (Puerto Rico)

Para solicitar que este documento se traduzca a su idioma principal, comuníquese con Sedgwick al (888) 436-9530

Tagalog

Upang humiling na isalin ang dokumentong ito sa iyong pangunahing wika, mangyaring kontakin ang Sedgwick. (888) 436-9530

Navajo

Díí naaltsoos yaa halne'ígíí t'áá ni nizaad bee bik'íí ashchíigo ádoonííl nínízingo doo yíníkeedgo, Sedgwick bich'íí hodíílnih. (888) 436-9530

Chinese

要以您的母语请求翻译本文档, 请致电(888) 436-9530联系Sedgwick

Yào yīn de mǔyǔ qǐngqǐu fānyì běn wéndāng, qǐng zhídiàn (888) 436-9530 liánxi Sedgwick